

Case Number:	CM14-0196093		
Date Assigned:	12/22/2014	Date of Injury:	03/12/1998
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 73-year-old woman with a date of injury of March 12, 1998. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are anxiety state; reflex sympathetic dystrophy lo lower extremities; and degeneration of intervertebral disc. Pursuant to the progress note dated October 9, 2014, the IW complains of lower extremity hip to foot pain. She also reports mid back pain radiating to the left lower extremity. The pain is describes as throbbing and stabbing. Pain is rated 5/10. The IW reports 40% pain relief with the use of muscle relaxants. Objective physical findings reveals antalgic gait favoring the left. The IW ambulates with a cane. The left lower limb is slightly edematous. Current medications include Mobic 7.5mg, Neurontin 300mg, Omeprazole 20mg, Baclofen 10mg, and Hydrocodone/APAP 5/325mg. Documentation indicates that the IW has been taking Baclofen 10mg since at least 2009. This is part of a QME report that was within the medical records submitted for review. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Baclofen. The treatment plan includes refills of medications, and urine drug screen. The IW resigned an opioid contract. The current request is for Baclofen 10mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Baclofen 10mg #90 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #90 with one refill is not medically necessary. Muscle Relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the working diagnoses are anxiety state; reflex empathetic dystrophy of lower extremities; and degeneration into vertebral disc. The documentation indicates the injured worker has taken Baclofen 10 mg bid since September 30, 2009. The documentation does not contain evidence of objective functional improvement. The guidelines recommend Baclofen (muscle relaxant) for short-term, less than two weeks, treatment of acute low back pain for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation the medical record does not support this. The treating physician clearly exceeded the recommended guidelines of two weeks (start year 2010). Consequently, absent the appropriate clinical documentation and the recommended guidelines, Baclofen 10 mg #90 with one refill is not medically necessary.